



ACTIVITY PROGRESS FORM

Child's Name:	Location:	Date:
Who was present at visit:		
IFSP Goal(s):		
Content of Activity/ Progress Notes:		
1. <i>Subjective (Child progress/parent report)</i>	3. <i>Ongoing Assessment (Individual child strategies tried today/ conclusions)</i>	
2. <i>Objective (Provider report)</i>	4. <i>Plan (New Ideas to try/Follow up activities)</i>	
<p>Prior Written Notice is provided a reasonable time before an action is proposed or refused (303.421(b)(1)).</p> <p><u>Action Being Proposed or Refused:</u></p> <p><input type="checkbox"/> Your child is eligible for services and a meeting is needed to develop your child's IFSP.</p> <p><input type="checkbox"/> Your child is not eligible for services.</p> <p><input type="checkbox"/> An IFSP meeting to review your child's IFSP is needed at which we may change an IFSP service, duration or frequency.</p> <p><input type="checkbox"/> A transition planning conference for your child is needed at which we may change an IFSP service, duration or frequency.</p> <p><input type="checkbox"/> Other(describe):</p> <p><u>Reason for taking this action:</u></p> <p><input type="checkbox"/> A copy of the <i>Early Intervention/Infant Learning Program Parent Rights and Procedural Safeguards</i> document is attached to this notice. If you have any questions or do not understand your rights, please contact me.</p> <p>OR</p> <p><input type="checkbox"/> I have received a copy of the <i>Early Intervention/Infant Learning Program Parent Rights and Procedural Safeguards</i> document. This information has been explained to me and I understand it. (parent initial)</p>		
Parent Signature (Optional):	Provider phone:	Next visit date, time & location:
Service Provider signature & credentials:		

EI/ILP Billable Units (1 unit = 15 minutes)

# Units	CPT	Service Description	DB Code		
Occupational Therapy			OT	In	Out
	96111	Developmental testing			
	96152	Health and behavioral health intervention			
	97003	OT evaluation			
	97004	OT re-evaluation			
	97110	Therapeutic procedures (strength, endurance, range of motion, and flexibility exercises)			
	97112	Neuromuscular re-education			
	97150	Group therapy			
	97530	Therapeutic activities (dynamic activities to improve functional performance)			
	97532	Development of cognitive skills			
	97533	Sensory integrative techniques			
	97750	Physical performance test or measurement			
	97760	Orthotic management and training			
Other Occupational Therapy				In	Out
	99366	Team Conference, family present, 30 min. or more			
	99368	Team Conference, family not present, 30 min. or more			
Physical Therapy			PT	In	Out
	96111	Developmental testing			
	97001	Physical therapy evaluation			
	97002	Physical therapy re-evaluation			
	97530	Therapeutic activity			
	97112	Neuromuscular re-education			
	97116	Gait Training			
	97530	Manual Therapy			
	97760	Orthotic Intervention			
Other Physical Therapy				In	Out
	99366	Team Conference, family present, 30 minutes or more			
	99368	Team Conference, family not present, 30 minutes or more			
Speech and Language Therapy			SL	In	Out
	92506	Speech-Language evaluation			
	92507	Treatment of speech, language, voice communication, and or auditory process disorder; individual			
	92508	Group speech therapy			
	92526	Treatment of swallowing dysfunction and/ or oral function for feeding			
	97532	Development of cognitive skills			
	V5362	Speech screening			
	V5363	Language screening			
	V5364	Dysphagia screening			
Other Speech And Language Therapy				In	Out
	99366	Team Conference, family present, 30 minutes or more			
	99368	Team Conference, family not present, 30 minutes or more			
Family Service Coordination				In	Out
		Family Service Coordination	FS		
		IFSP Development	IF		
		Transition Planning	IF		
		90-Day Transition Conference	TR		
Other Services				In	Out
		Special Instruction	SI		
		Family Training/Support	FT		
		Intake	IN		
DB Code/Contact type: AT, AU, EN, EB, FS, FT, HE, IF, IN, MS, NS, NU, OT, PT, PS, SC, SI, SL, SW, TP, TR, Other (Describe)					
Provider Signature & Credentials:					

